

2004 D-40 SUB Individual Income Tax Return

040400410000

Leave lines blank that do not apply to you.

Personal information

Mark if [X] Amended return OFFICIAL USE ONLY

Mark if [X] Filing for a deceased taxpayer

Your social security number Spouse's social security number Your daytime phone number

123456789 123456789 1234567890

Your first name M.I. Last name ABCDEFGHIJKLMNOP ABCDEFGHIJKLMNOP

Spouse's first name M.I. Last name ABCDEFGHIJKLMNOP ABCDEFGHIJKLMNOP

Home address (number and street) If foreign address use Sched S. Mark if [X] this is your first return or if your address is different from your last return. Apartment number

12345ABCDEF... 12ABC

City State Zipcode ABCDEFGHIJKLMNOP AB 123456789

Complete your federal return first - Enter your dependents' information on DC Schedule S.

Filing status

- 1 Mark only one: [X] Single [X] Married filing jointly [X] Married filing separately [X] Dependent claimed by someone else
[X] Married filing separately on same return
[X] Head of household
2 Mark if you are: [X] Part-year resident Enter number of months of DC residency See instructions. 00

Income Information

Copy the amounts for lines 3 -12 from your federal return. Round cents to the nearest dollar. Some income lines on your federal return may not need to be copied. If amount is zero, leave the line blank.

- 3 Wages, salaries, tips, unemployment compensation, etc. 3 \$123456789.00
4 Taxable interest 4 \$123456789.00
5 Ordinary dividends 5 \$123456789.00
6 Business income or loss Attach copy of federal Schedule C or C-EZ. Mark if loss: [X] 6 \$123456789.00
Federal employer ID 123456789
7 Capital gain or loss Attach copy of federal Schedule D. Mark if loss: [X] 7 \$123456789.00
8 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Mark if loss: [X] 8 \$123456789.00
9 Pension and annuity, IRA distribution and other income Mark if loss: [X] 9 \$123456789.00
10 Federal total income From 1040, Line 22. Mark if loss: [X] 10 \$123456789.00
11 Adjustments From 1040, Line 35 or 1040A, Line 20. Attach copy of page 1 of 1040 or 1040A. 11 \$123456789.00

Computation of DC Adjusted Gross Income

- 12 Federal adjusted gross income From 1040, Line 36; 1040A, Line 21; 1040EZ, Line 4. Mark if loss: [X] 12 \$123456789.00
13 Subtractions from federal adjusted gross income From Line j, Calculation A. 13 \$123456789.00
13a Amount you paid (or carried over) to DC college savings plan in 2004 Maximum \$6000 (for joint filers) 13a 1234.00
13b Part-year residents (information only) Enter amount from Line a, Calculation A. 13b \$123456789.00
14 Add lines 13 and 13a, subtract the total from Line 12, enter result. Mark if loss: [X] 14 \$123456789.00
15 Additions to federal adjusted gross income From line h, Calculation B 15 \$123456789.00
16 DC adjusted gross income Add lines 14 and 15. Mark if loss: [X] 16 \$123456789.00

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Enter your last name ABCDEFGHIJKLMNOPQRSTUVWXYZ
Enter your SSN 123456789

D.C. adjusted gross income Enter adjusted gross income from Line 16 (from page 1). Mark if loss: X 16 \$ 123456789.00
17 Deduction type Take the same type of deduction as you took on your 1040.
Mark which type: X Standard See instructions for amount to enter on Line 18.
X Itemized Attach copy of federal Sch A; attach DC Sch S, enter on Line 18.
18 DC deduction amount Do not copy from federal form. For amount to enter, see instructions. 18 \$ 123456789.00
19 Number of exemptions If more than 1 (more than 2 if filing jointly), attach Calculation G, Schedule S. 19 00
20 Exemption amount Multiply \$1,370 by line 19. Part-year residents use Calculation H. 20 \$ 123456789.00
21 Add Lines 18 and 20. 21 \$ 123456789.00
22 Taxable income Subtract Line 21 from Line 16. If Line 21 is more than Line 16, leave blank. 22 \$ 123456789.00

DC tax, credits and payments

23 Tax If Line 22 is \$100,000 or less, use tax tables. If more, use Calculation I. 23 \$ 123456789.00
Mark X if married filing separately on same return. Complete Calculation J on Schedule S.
24 Out-of-state tax credit From Calculation K. State AB Attach copy of state return. 24 \$ 123456.00
25 Credit for child and dependent care expenses Allowable federal credit amount x.32 enter > 25 \$ 123456.00
Attach copy of federal Form 2441 or 1040A, Sch. 2: if part-year DC resident, attach DC Form D-2441.
26 DC police first time homebuyer credit 26 \$ 123456.00
27 DC Low Income Credit Complete Calculation L. Attach copy of 1040, 1040A or 1040EZ. 27 \$ 123456.00
28 Total non-refundable credits Add Lines 24 - 27. 28 \$ 123456.00
29 Total tax Subtract Line 28 from Line 23. If Line 23 is less than Line 28, leave blank. 29 \$ 123456789.00
30 Property tax credit Attach DC Schedule H. 30 \$ 123456.00
31 DC Earned Income Tax Credit Enter your federal EIC \$ 1234.00 x .25 = 31 \$ 123456.00
Complete Calculation L. Attach copy of federal return.
32 DC income tax withheld From Forms W-2 and 1099. Attach correct copies. 32 \$ 123456789.00
33 2004 estimated income tax payments 33 \$ 123456789.00
34 Payments made with an extension of time to file Attach a copy of DC Form FR-127 (or with original return if this is an amended return) 34 \$ 123456789.00
35 Total payments and refundable credits Add lines 30 - 34. 35 \$ 123456789.00

Your refund Complete only if Line 35 is more than Line 29. Amount you owe Complete only if Line 35 is less than Line 29.

36 Amount you overpaid 36 \$ 123456.00 41 Tax due 41 \$ 123456.00
Subtract Line 29 from Line 35. Subtract Line 35 from Line 29.
37 Amount you want to apply 37 \$ 123456.00 42 Contribution to the Public Trust for 42 \$ 123456.00
to your 2005 estimated tax Drug Prevention and Children at Risk
38 Contribution to the Public Trust for 38 \$ 123456.00 43 Total amount due 43 \$ 123456.00
Drug Prevention and Children at Risk Add Lines 41 and 42.
39 Add Lines 37 and 38. 39 \$ 123456.00 Payment options
40 Refund amount 40 \$ 123456.00 • Attach check or money order payable to DC Treasurer
Subtract Line 39 from Line 36. • To pay by credit card, call 1- 800 - 272 - 9829 or visit
www.officialpayments.com and enter DC jurisdiction code 6000.

Third party designee If you want to allow another person to discuss this return with the Office of Tax and Revenue, enter the name and phone number of that person.

1234567890

Signature

Under penalties of the law, I declare that I have examined this return and to the best of my knowledge it is correct.
Declaration of paid preparer other than taxpayer is based on all information available to the preparer.

Paid preparer's phone number
1234567890

Your signature

Date

Occupation

Paid preparer's FEIN, SSN, or PTIN
123456789

Spouse's signature if filing jointly or separately on same return

Date

Occupation

Paid preparer's signature and date

Mark if X you no longer want to receive DC tax forms by mail.

Send your signed and completed return to: Office of Tax and Revenue, PO Box 7861, Washington, DC 20044-7861